

Michigan Center for Rural Health

Results of CAH Physicians Survey (October 2004)

- This survey was sent to 117 physicians on staff at 13 Michigan Critical Access Hospitals. Response rate was 22% (26 returned surveys)
- Sites surveyed were: Borgess Lee, Deckerville, Harbor Beach, Helen Newberry Joy, Kalkaska, Mackinac Straits, McKenzie, Munising, Ontonagon, Paul Oliver, Scheurer, Sheridan, St. Mary's Standish

<p>1. Which statement best characterizes your business relationship with this hospital <u>before</u> its conversion to a Critical Access Hospital?</p> <p>N %</p> <p><u>11</u> <u>46</u> a. Employed as a hospital staff physician.</p> <p><u>10</u> <u>42</u> b. Member of independent practice and saw inpatients at the hospital.</p> <p><u>01</u> <u>04</u> c. Member of independent practice and familiar with the hospital, but did not see inpatients there. GO TO Q12</p> <p><u>02</u> <u>08</u> d. Not familiar with the CAH. GO TO last page</p>	<p>2. How would you characterize your <u>current</u> business relationship with the CAH?</p> <p>N %</p> <p><u>12</u> <u>52</u> a. Employed as a hospital staff physician.</p> <p><u>10</u> <u>43</u> b. Member of independent practice and see inpatients at the hospital.</p> <p><u>01</u> <u>04</u> c. Member of independent practice and familiar with the hospital, but do not see inpatients there. GO TO Q12</p> <p>-- -- d. Not familiar with the CAH. GO TO last page</p>
<p>3. During the past <u>month</u>, approximately how many patients did you admit as inpatients to the CAH?</p> <p>N %</p> <p><u>02</u> <u>09</u> a. None.</p> <p><u>08</u> <u>35</u> b. 1-3</p> <p><u>04</u> <u>17</u> c. 4-6</p> <p><u>09</u> <u>39</u> d. More than 6</p>	<p>4. How has the conversion affected the number of <u>inpatients</u> that you treat at the CAH?</p> <p>N %</p> <p><u>02</u> <u>09</u> a. The number has increased.</p> <p><u>13</u> <u>57</u> b. No change</p> <p><u>05</u> <u>22</u> c. The number has decreased</p> <p><u>01</u> <u>04</u> d. I don't treat inpatients at the CAH</p> <p><u>02</u> <u>09</u> e. Don't know</p>
<p>5. Overall, how have <u>inpatient</u> outcomes been affected by the conversion?</p> <p>N %</p> <p><u>04</u> <u>17</u> a. Improved outcomes.</p> <p><u>14</u> <u>61</u> b. No change</p> <p><u>01</u> <u>04</u> c. Worsened outcomes</p> <p><u>03</u> <u>13</u> d. Don't know</p> <p><u>01</u> <u>04</u> e. Other</p>	<p>6. Overall, how have the outcomes of <u>patients using the ER</u> at the CAH been affected by the conversion?</p> <p>N %</p> <p><u>11</u> <u>48</u> a. Improved outcomes.</p> <p><u>06</u> <u>26</u> b. No change.</p> <p><u>01</u> <u>04</u> c. Worsened outcomes.</p> <p><u>05</u> <u>22</u> d. Don't know.</p>
<p>7. How has conversion affected the number of patients that you treat on an outpatient basis, either at the CAH or in your office?</p> <p>N %</p> <p><u>05</u> <u>22</u> a. The number has increased.</p> <p><u>12</u> <u>52</u> b. No change.</p> <p><u>01</u> <u>04</u> c. The number has decreased.</p> <p><u>02</u> <u>09</u> d. I don't treat outpatients at the CAH.</p> <p><u>03</u> <u>13</u> e. Don't know.</p>	<p>8. In your opinion, how has conversion to CAH status affected the <u>community's perception</u> of the overall quality of care at the CAH?</p> <p>N %</p> <p><u>15</u> <u>65</u> a. The community perceives a higher quality of care.</p> <p><u>07</u> <u>30</u> b. The community perceives no change in quality of care</p> <p><u>01</u> <u>04</u> c. The community perceives a lower quality of care</p>
<p>9. How has conversion affected the attractiveness of your community as a place for <u>you</u> to practice medicine?</p> <p>N %</p> <p><u>11</u> <u>48</u> a. Improved attractiveness.</p> <p><u>07</u> <u>30</u> b. No change in attractiveness.</p> <p><u>04</u> <u>17</u> c. Decreased attractiveness.</p> <p><u>01</u> <u>04</u> d. No opinion.</p>	<p>10. In your opinion, how has conversion to CAH status affected the community's ability to attract additional <u>practicing physicians</u>?</p> <p>N %</p> <p><u>05</u> <u>21</u> a. Positively impacted the ability to attract physicians.</p> <p><u>17</u> <u>71</u> b. No change in ability to attract physicians.</p> <p><u>02</u> <u>08</u> c. Negatively impacted the ability to attract physicians.</p>

11. In your opinion, how has conversion to CAH status affected the community's ability to attract additional health professionals? N % <u>10</u> <u>42</u> a. Positively impacted the ability to attract health professionals. <u>12</u> <u>50</u> b. No change in ability to attract health professionals. <u>02</u> <u>08</u> c. Negatively impacted the ability to attract health professionals.	12. How has conversion affected the stability of the health care infrastructure in the local area? N % <u>15</u> <u>63</u> a. Increased stability. <u>02</u> <u>08</u> b. No change in stability. <u>01</u> <u>04</u> c. Decreased stability. <u>05</u> <u>21</u> d. Don't know.
13. In what year did you graduate from medical school? N % <u>06</u> <u>24</u> a. Before 1970. <u>07</u> <u>28</u> b. 1970-1980. <u>07</u> <u>28</u> c. 1981-1990. <u>05</u> <u>20</u> d. 1991-2000. <u>--</u> <u>--</u> e. After 2000.	14. What is your <u>primary</u> medical specialty? N % <u>14</u> <u>56</u> a. Family Medicine. <u>05</u> <u>20</u> b. Internal Medicine. <u>01</u> <u>04</u> c. Pediatrics. <u>02</u> <u>08</u> d. ER-Urgent Care. <u>03</u> <u>12</u> e. Other.
15. In what year did you begin practicing in the community served by this CAH? N % <u>--</u> <u>--</u> a. Before 1970. <u>04</u> <u>16</u> b. 1970-1980. <u>06</u> <u>24</u> c. 1981-1990. <u>08</u> <u>32</u> d. 1991-2000. <u>07</u> <u>28</u> e. After 2000.	16. Estimate how many hours per week (on average) you work in this CAH community? (Include time spent: in your practice; at the CAH, and at any clinical facility served by the CAH.) N % <u>04</u> <u>16</u> a. less than 40. <u>07</u> <u>28</u> b. 40-50. <u>09</u> <u>36</u> c. 51-60. <u>04</u> <u>16</u> d. 61-70. <u>01</u> <u>04</u> e. Over 70.
17. In your opinion, select the phrase that best describes how conversion to CAH status has impacted <u>your</u> <u>access</u> to sub specialty consultation: N % <u>09</u> <u>36</u> a. Improved my access. <u>14</u> <u>56</u> b. No effect on my access. <u>02</u> <u>08</u> c. Decreased my access.	18. In your opinion, select the phrase that best describes how conversion to CAH status has impacted <u>your</u> <u>patients'</u> <u>access</u> to sub specialty consultation: N % <u>10</u> <u>40</u> a. Improved their access. <u>13</u> <u>52</u> b. No effect on their access. <u>02</u> <u>08</u> c. Decreased their access.

As a general rule, would you say that in your practice you have the freedom to:

19. Hospitalize patients who, in your opinion require it? N % <u>23</u> <u>92</u> a. Yes. <u>02</u> <u>08</u> b. No.	20. Keep patients in the hospital for the length of time you think is appropriate? N % <u>20</u> <u>87</u> a. Yes. <u>03</u> <u>13</u> b. No.
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In summary, I can say the following about how CAH designation has impacted my practice:

21. Resulted in improved relationships with referral physicians and other hospitals? N % <u>13</u> <u>54</u> a. Yes. <u>02</u> <u>08</u> b. No. <u>09</u> <u>38</u> c. No Change	22. Resulted in an improved emergency transportation system? N % <u>09</u> <u>38</u> a. Yes. <u>05</u> <u>21</u> b. No. <u>10</u> <u>42</u> c. No Change
23. Provided greater availability of continuing education programs? N % <u>02</u> <u>08</u> a. Yes. <u>07</u> <u>28</u> b. No. <u>16</u> <u>64</u> c. No Change	24. Provided greater availability of clinical consultants or visiting specialists? N % <u>07</u> <u>28</u> a. Yes. <u>03</u> <u>12</u> b. No. <u>15</u> <u>60</u> c. No Change

The most desirable aspect of the Critical Access Hospital concept is: (responses received included)

1. It allows needed access to medical care in a rural setting in a sometimes life saving manner
2. I don't do in-patient so it is difficult to say but it is easier to send patients to the ER for admission
3. Allowing our small rural hospital to remain financially viable so we can continue to serve the residents in our area
4. Hospital able to be reimbursed for costs vs. DRG's
5. Better access and outcome to ER
6. More people to work with ... known doctors
7. No desirable aspect in my practice
8. 24-hour ER
9. Viability
10. Better financial support for access ... and patient care. Allows improved services and infrastructure
11. Hospital financial stability
12. Cost reimbursement for Medicare ER patients. Earlier access to larger hospital for the critically ill patients
13. Being connected with tertiary hospital referring center
14. Improved relationship with subspecialists, referrals, and hospitals equals improved care to patients
15. It allowed the hospital to remain viable in a climate of limiting reimbursement
16. Improved relationships with tertiary hospitals
17. No loss of revenue due to make reimbursement equal to cost
18. Hospital financial survival
19. Improving hospital financial status and avoid closing
20. Financial security for hospital
21. Increased remuneration for hospital, allowing it to stay afloat

The least desirable aspect of the Critical Access Hospital concept is: : (responses received included)

1. I don't see any undesirable aspect to it
2. None
3. Limited average length of stay
4. Lack of specialized ER physicians willing to work in ER in a CAH
5. None
6. Admitting patients with 3-days limit
7. None
8. Really none; fits what we do
9. The 4-day (96 hr) limit of hospital confinement especially for the chronically ill elderly
10. Patient that presents to ER, even with simple cold symptom, cannot be seen or directed to doctor's office. All patients that present to ER, regardless of minor problem need to be seen at ER
11. Affects length of stay
12. None
13. Unknown
14. The feeling physicians and nursing staff should transfer any difficult patient
15. Limit number of beds and length of stay
16. Limiting number of inpatient beds and restricting days of hospitalization
17. None

Please feel free to make any additional comments below regarding the CAH concept; i.e. how it has affected your practice and your community, and/or how the program might be changed and improved. Thank you for your thoughtful comments and suggestions. : (responses received included)

1. Finding a way to hire health professionals (PA's, NP's) for ER coverage
2. CAH concept for sure makes my hospital practice go down, because of limitation. You cannot admit "sick" patient, so the community thinks that the hospital is just a band aid station
3. More financial aid and grants to rural hospitals who are struggling to survive in the present day health care system is a plus. Rural hospitals still play a very vital role in health care delivery and areas that are largely underserved by medical specialists. Rural hospitals are still the answer to the medical needs of rural communities
4. I am afraid that our hospital will become strictly an outpatient facility